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ORIGINAL COMMUNICATIONS.

ARTICLE I.

TWO CASES OF ABSCESS OF THE LUNGS; CERVICAL SUPPURATION WITH HÆMORRHAGE, A DANGEROUS COMPLICATION OF *SCARLATINA*; *PLACENTA PRÆVIA*, A CASE OF TURNING AND DELIVERY, WITH SAFETY TO MOTHER AND CHILD.

BY E. READ, M.D., TERRE HAUTE, IND.

In the summer of 1844, I visited a patient, eighteen miles distant, who was represented to have a very bad cough and to be expectorating large quantities of pus. On my arrival, I found a man, aged twenty-seven years, who had always enjoyed good health up to within two months of that time, and whose occupation was that of a farmer. I found the left side protuberant and swollen, and puffed out, from the internal pressure of matter.

He was expectorating pus very freely, and had exacerbations of fever attended with night sweats, and had every appearance of one rapidly declining with consumption. His own history, for he had not had any medical attention, living as he did remote from towns, was that, two months previously, he had taken a cold which was accompanied with a severe pain in the

left side, which had continued up to within a few days of the time that I saw him. He could not lie upon his back or right side. It seemed as though the entire left lung was converted into pus, and I recommended, for I could see nothing else to do, the operation for empyema. He had a most terrible apprehension of the puncture, and would not consent to the operation under any circumstances whatever, declaring he would rather die without it, than to live with it.

Having prescribed expectorants and anodynes, I left him with a full conviction in my own mind that he would certainly die within a very short time.

A month afterwards, I saw one of his neighbors, who informed me that the tumor had burst externally just below the left nipple, and had discharged a great quantity of matter and was still discharging, and that the man was better. The next winter I understood that he was making rails and chopping wood, and had actually engaged to clear off a heavily-timbered piece of land, although his side was still discharging matter. In the summer of 1855, eleven years from the time I first saw him, he came to see me. Upon examination, I found a thin discharge was still kept up, and that all of the ribs of the left side were externally concave, instead of convex. The left lung was entirely gone, and that whole side had the appearance of being pushed in. He informed me that he had enjoyed good health, and worked daily at the hardest and most exposed labor of the farm. In every respect he seemed robust and sufficiently healthy, and thought that he had his usual strength and weight. He was still living a year ago.

Abscess of the Lungs, opening into the Bronchial Tubes.—In the month of March, 1856, I was summoned in great haste to see J. F. K., who was represented to be suffocating from the discharge of pus from his lungs. In twenty minutes' time I was with him, and never have I seen so large a quantity of pus thrown out in so short a time. He was sitting strangling, coughing and almost suffocating, and had already filled a tin basin holding three pints, and was now filling a second, and continued until it was quite full. The stream was continuous, and nearly an inch in diameter. The first basin of matter was

pure yellow pus, the second, after being half filled with the pure pus, became streaked with blood. Here, then, in a little over half an hour, the very large quantity of pus above mentioned was discharged *per orem*.

The subject of this abscess was a large fleshy man, aged sixty-five years, who had always enjoyed most excellent health, although his respiration was a little hurried, and he generally seemed short of breath. For a few weeks previous to this, he had had a fixed pain in his left side, but not severe enough to call for medical aid, and but a few minutes before the present attack, he had been working in the yard among his fruit trees. Immediately after he went into the house, he commenced coughing, and the discharge of pus followed. He remained indoors but two or three days, and then went out as usual. During the summer he enjoyed his usual health, but in the next October he began to cough, which was attended with a suffocating sensation, but without pain, and gradually he lost flesh, and was unable to rest in any other than the sitting posture. Anasarca supervened, and he died in January. The abscess seemed to have involved almost the entire left lung. I could not obtain the consent of the family to make a post-mortem examination.

Scarlatina, and one of its Dangerous Complications.—A few years ago, in consultation, I saw a little girl, aged eight years, who, as a sequent or rather as a concomitant of scarlatina, had swelled submaxillary glands, which terminated in suppuration, and involved the entire cellular tissue of one side and front of the neck. The attending physician lanced the abscess, and after a large quantity of matter was discharged, bleeding ensued, which continued for three days, when she died of exhaustion from the loss of blood.

In every other respect she appeared to be doing well, and would unquestionably have recovered had it not been for the submaxillary and submental suppuration, which destroyed so many of the bloodvessels, that a fatal hemorrhage ensued.

Every possible means was resorted to, to arrest the bleeding. The blood was thin and pale, and seemed destitute of fibrin and coloring matter and albumen. The family never forgave

the physician, for they believe that from anatomical ignorance, he had cut a bloodvessel, which he was unable to secure. Since then, I have seen two others bleed to death from the same cause. They were both my own patients, and as I had received a very salutary lesson from the first one I saw, I carefully abstained from the use of the lancet. I left to Nature both to open the abscess and receive the censure.

I am persuaded that most will die from hemorrhage, where the suppuration is extensive in this region; hence, the safest plan for the physician is to avoid all risks of censure, especially as the delay to open the abscess will in no way add to the danger of the patient. The last case I saw was but a few days ago, and was that of a boy six years of age, who died on the fourteenth day of his sickness, and on the fourth of the hemorrhage.

The cervical suppuration may be regarded as a dangerous complication of scarlatina, because it gives rise to a hemorrhage which is exceedingly unmanageable. Just now, *scarlatina anginosa* is prevailing here, with an unusual disposition to cervical swellings, although I have seen but one which terminated in suppuration. Nitrate of silver, xx grs. to the oz. of water, seems almost a specific as a local application to the throat internally. It should be thoroughly applied two or three times a day.

In the month of December, there were but three interments in the city of Terre Haute, which shows one of two things—either that we have an unusually healthy locality, or that our physicians are well skilled in the healing art. If the scarlet fever, however, continues to prevail, the next monthly report of interments will probably be largely increased.

Placenta Prævia.—I saw an interesting case of placenta prævia yesterday, in consultation with Dr. Clippinger of this city, which, by promptly turning, terminated thus far safely both to mother and child.

It was the fourth child of a healthy mother. Having been in labor twenty-four hours, Dr. C. was called, who found, upon examination, the membranes protruding, with a well-dilated os uteri. Upon the first pain after his arrival they were ruptured,

which revealed the placenta filling up the os uteri. As there was already some hemorrhage, I was called in consultation, and upon examination, found as Dr. C. described, a presenting placenta. Above and just under the pelvic arch, the head was presenting. The placenta was partially adherent to the posterior part of the neck of the uterus. We decided an immediate turning and delivery, and the patient being placed in proper position, Dr. C. introduced his hand, and in a very skillful manner grasped the feet and delivered the child in five minutes' time. The child was resuscitated with a good deal of difficulty, but to-day seems quite well and healthy. The woman lost but little blood, and has every prospect of a speedy recovery. Would not a less prompt practice have endangered the life of both mother and child?

From all that I have read, and all that I have seen, I am persuaded that no physician should hesitate a moment, in all cases of placenta prævia, to turn and deliver in the most prompt manner. In no other, are delays so dangerous. Death may ensue from a single gush of blood in these. It should then, I think, be laid down as an axiom in obstetrical practice, to deliver without delay in all cases of *placenta prævia*.

ARTICLE II.

ACUTE HÆMATEMESIS; DEATH ON THE EIGHTEENTH DAY; ULCERS ON THE MUCOUS MEMBRANE OF THE STOMACH.

BY B. F. SCHENCK, M.D., LEBANON, PA.

1855. Kathinka Weber, aged sixteen years, is the daughter of German parents, living in this country about three years. The father is perfectly healthy; but the mother has a complete tubercular diathesis, and is a regular, standing patient. Three or four times a year she gets scrofulous inflammation of the lungs; has an incurable albuminuria; and, as though this were not enough, she has, every three or four weeks, either a violent menorrhagia, an agonizing facial neuralgia, or an attack of spasm—of an hysterical nature—affecting every muscle of the

body, during which she is as rigid as a board, and wholly unconscious, often for a period of six or twelve hours. From all these various attacks—delicate woman as she appears and actually is—it is always a matter of surprise that she ever recovers. There are two boys, aged seven and twelve years, rather pale and sickly-looking, the younger of whom, for four months after leaving the ship, had incessant vomiting—a sort of chronic sea-sickness; and two girls, the eldest about twenty years of age, both of them very fresh and rosy.

During the cherrying-time, Kathinka, being out with some young companions, fell from a tree, a height of twelve or fifteen feet, but was so little hurt that she walked home, a distance of three miles. After this, her only complaint was of pain across the stomach, not severe, but persistent. She, however, kept a good color, and had an excellent appetite, as usual.

On the afternoon of August 22d, she suddenly felt sick at stomach, and before she could help herself, threw up nearly two pints of liquid blood and coagula, of a dark color. She vomited twice more on the same afternoon, and each time fully a pint. After the prostration incident to the hemorrhage had passed off, she became highly feverish, complained of pain in the hepatic region, and had a furred tongue, with great thirst. Without thinking immediately of the fall, I attributed the symptoms to hepatic or splenic congestion; and the full, vigorous pulse appearing to indicate V. S., I drew Oi. blood, gave 10 grs. calomel, to be followed by sulph. magnesia, and allowed ice freely. She now began to improve, when, on the morning of the 26th, she again vomited three times in the course of an hour, and very copiously; constant nausea; the following night passed several dark, tarry stools; on 28th, vomited again twice, very largely, coagula looking quite black. Since the 26th, has been taking tinct. chlorid. iron; on 28th, substituted pb. acetat. 1 gr., opium, $\frac{1}{2}$ gr., every hour or two.

29, 30, 31. No vomiting, but constant nausea. Epispastic to stomach, and morphia endermically. Evening of 31st, vomited once; saw her in consultation with Dr. Marshall. The liquid just ejected did not look at all like blood, but like a disorganized animal fluid—dark and dissolved. Floating in this

liquid, which amounted to nearly a pint, was a large, white, ovoid mass, about two in. long by $\frac{3}{4}$ in. thick, smooth and pretty firm, along with a number of smaller whitish particles of the same kind. At first sight, it resembled coagulated milk; but the patient had not taken any milk for several days. It was also much more dense, approaching the cerebral substance in character. After close scrutiny, we pronounced it to be either encephaloid matter, or a softening tubercular mass. But whence could it come? The only probable source would be the liver. How? Perhaps through an abscess of this organ communicating with the stomach; but of this we have no evidence, the patient having discharged no pus either way. Perhaps the fall has lacerated the liver, which, being glued by the adhesive inflammation to the stomach, would offer this intercommunication. But admitting all this, and assuming this mass to be tubercular matter, would so large a deposit of morbid products as this sample necessarily presupposes, be consistent with the state of perfect health which the patient enjoyed up to the moment of attack?

Sept. 1. Vomited again once, this morning, a dark liquid, resembling that of the previous evening. Acid. sulphuric. aromat., twenty drops every two hours.

Sept. 2. No vomiting; constant nausea and retching. Bowels not moved for three days past; turpentine enema.

Sept. 3. Vomited this morning about half a pint of coagula, of a bright red color, showing the blood to have been of recent effusion, and not yet acted on and colored by the gastric juice. Completely foiled, I returned again to acet. lead and opium. Nausea all day; turpentine enema, but no motion.

Sept. 4, 5. Incessant retching and nausea; brings up occasionally a little bile. Has a craving for hot drinks. Gave creosote, one drop every three hours. Obstinate constipation, in spite of repeated enemata. Very severe pain in the stomach, which is somewhat tumid.

Sept. 6, 7, 8. Gradually getting worse. Abdomen tympanitic. On morning of 7th, had five greenish, inodorous, copious passages. Abdominal pain and distension very much increased;

"felt as though she must burst." Died on the morning of the 8th, with her mind clear to the last moment.

Autopsy, twelve hours after death.—The abdomen was extremely tumid and tense. Proceeding to raise a triangular flap, from the sternum down towards the crest of the ilium on each side, upon the first incision into the peritoneal cavity on the left side, a large gush of yellowish serum escaped. Upon completing the division, a voluminous mass of intestine burst through the opening, consisting of colon, jejunum and ileum. Looking naturally first for the stomach, it was found closely pressed up against the diaphragm. Removing it from the body, it was seen to contain several ounces of green liquid, apparently more than half bile. The coats of the organ were very much thickened—feeling not unlike the softest buckskin leather, and of a dull white color. The folds of the mucous membrane were very prominent; and the posterior aspect of the stomach presented, over a considerable portion of its mucous surface, a very minutely speckled appearance, resembling, as observed by Andral, that produced by scattering fine grains of powdered vermillion upon a moist sheet of white paper. These dots were very closely set together, and may have been one source of the hemorrhage, if we suppose the blood to have escaped by exudation, in consequence of great capillary congestion. Directly opposite, upon the mucous membrane of the anterior surface, were several ulcers, in various stages of progress. Two, especially, looked quite recent, appearing as though the mucous membrane had been dug out, and were of the diameter of a goose-quill. Another of the same size, but older, was directly in the course of a small bloodvessel, and had a bluish color, and a somewhat glazed appearance, as though cicatrization had commenced.

The liver was next examined. Beyond a considerable enlargement and congestion of the organ, there was no evidence of disease or injury. The gall-bladder was very full of bile; and the transverse colon, where it rests below the liver, looked as if stained, of a bright chocolate, or tinct. iodine color. The spleen presented no appreciable lesion. The heart was healthy. The lungs showed no trace of tubercles, and upon incision exuded merely a reddish, frothy serum.

Since the death, I have been told by the parents, that when the deceased girl and her elder sister were about the ages of five and nine years, the following incident occurred. Friction matches were kept for sale in the house; and the warmth of the sun through the window glass, it was supposed at the time, had caused the phosphorus compound to soften, and run from the matches on to the paper in which they were wrapped. The composition from at least as many as two of our ordinary match boxes full, I have been assured, had thus accumulated upon the wrappers, and being found by these children, was eaten by them for sugar. They, however, soon sought their mother, to tell her that "it was queer sugar, for it burned them." No vomiting was produced; sweet milk was freely given, and as the children did not sicken, no further attention was paid to the matter. But, I am told that both girls have since then had much complaint to make of pain and epigastric uneasiness; and the surviving girl was under my care last winter for an attack of severe epigastric pain with great swelling, which yielded mainly to poultices and tart. em. oint. Can the phosphorus eating be regarded as the cause of these ailments, and of the death?

ARTICLE III.

SURGICAL CASES OCCURRING IN THE MERCY HOSPITAL OF CHICAGO, DURING THE COLLEGE SESSION OF 1856-7.

PROFS. J. W. FREER AND H. A. JOHNSON, SURGEONS.

REPORTED BY C. N. ELLINWOOD, ABB'T.

1. Case of Gun-shot Wound—Death. Care of Dr. Johnson.
2. Two cases of Ununited Fracture of the Femur. Treated by Dr. Brainard's method, successfully. Care of Dr. Freer.
3. Case of Fracture of the Tibia, ununited at eight weeks. Care of Dr. Johnson.
4. Case of Fracture of the Femur in a Boy. Speedy union. Care of Drs. Freer and Johnson.
5. Two cases of Varicose Veins. Treated by transfixing the Veins with the twisted suture. Care of Dr. Freer.

6. Case of Popliteal Aneurism. Treated by ligature of the Femoral Artery. Recovery. Care of Dr. Freer.

7. Two cases of Phlegmonous Erysipelas. Care of Dr. Freer.

8. Case of Colloid Cancer, involving the Knee Joint, Amputation at the Thigh. Recovery. Care of Dr. Freer.

1. *Case of Gun-shot Wound, lacerating the soft parts and mangling the bones of the Fore Arm.*—Mike White was admitted into the hospital, Nov. 3d, at 9½ o'clock P. M. The accident occurred fourteen miles in the country the same afternoon at three o'clock. The immediate shock to the system was not severe. The hemorrhage was profuse. A ligature around the arm was soon applied, which in part suppressed it. He was brought to the city on a hand-car, and had drank freely of whisky during the time. On arriving at the hospital, the extremities were cold, pulse feeble and slow, and a prostration of the system. The hemorrhage was suppressed by compression. Efforts made to induce a reaction, preparatory to an operation, all of which failed, and at three o'clock the following morning he died.

2. *Ununited Fracture of the Femur.*—D. F. fractured his femur two inches below the trochanter major, very oblique, on the 1st of September.

Dec. 17th. No union had taken place; a shortening of two and a half inches; a curvature outwards, and a perfect mobility of the fractured extremities of the bone.

Dr. Brainard's new operation for the treatment of ununited fractures was performed with a small sized perforator. The perforations were much between the fractured surfaces, and in three directions, into the extremities of the bone. Splints retaining the limb in the straight position, and extension and counter-extension, were applied. A slight soreness of the part for three days was all the effect complained of by the patient.

Jan. 3d. Perforations repeated, as before, with a larger instrument.

Jan. 29th. Perforations repeated, between the fractured surfaces only.

Feb. 10th. The union of the bone has taken place. Extension taken off, and a starch bandage applied.

Feb. 20th. Able to get up on crutches.

Feb. 25th. Walks the ward comfortably. The shortening is not so great, as a high heel on the boot makes the limb long enough. The only difficulty remaining, is a stiffness of the knee joint, which is fast yielding.

3. *Fracture of the Tibia.*—At the expiration of eight weeks, the patient, Peter F. was admitted to hospital, November 10th, with no union of the bone. His general health was poor. He had been confined to a small room, a typhoid atmosphere, and poor diet. The flesh was flabby, and several abscesses had formed, one extending to the point of fracture, which were discharging pus. Subsultus tendinum well marked. He was put upon a good diet, one-twelfth of a grain of strychnine three times a day, and the limb placed in a fracture box. Stimulating injections into the abscesses; under which treatment he continued to improve.

Dec. 22d. But little discharge of pus, and a considerable callus thrown out around the point of fracture.

Feb. 1st. The patient is able to lift the limb around, and says it is quite strong.

Feb. 15th. Is able to get up and down stairs, and bear a considerable weight on the leg.

4. *Fracture of the Femur in a Boy—Speedy Recovery.*—Billy, aged five years, admitted September 24, with a fracture of the thigh, about the middle. The accident occurred the day previous, several miles in the country. The member was dressed in the straight position, with simple splints. In making the counter-extension, some difficulty was experienced from the perineal band and the urine, causing excoriations, to which an application of

R	Glycerine,	f ʒiij.
	Soda bor.,	ʒi.
	Tannin,	gr. xv.

M.; was made twice a-day.

Nov. 1st. Dressings removed, and the bone found to be united.

Nov. 5th. Able to walk; no perceptible shortening.

5. *Two cases of Varicose Veins, treated by transfixing the Vein with Twisted Sutures.*—These were cases of laboring men, whose employment had been with the shovel. No effect

being derived from compression and the horizontal posture, the veins were enclosed within needles, and the circulation entirely cut off by means of a ligature, with a view to the obliteration of the vessel.

First case, of D. B. The internal saphena vein was operated on in this way, three needles being used, Dec. 2d. Dec. 13th. needles withdrawn, a considerable ulceration having occurred. Dec. 19th, discharged, cured.

Second case, of P. H. The same operation performed, Feb. 2d, with the same result.

6. *Case of Popliteal Aneurism, treated by Ligature of the Femoral Artery—Recovery.*—M. D., admitted Dec. 21st. Compression had been applied before coming to the hospital without success. The operation of ligature of the femoral artery was performed, and the patient kept moderately under the influence of opiates.

Jan. 15th. Ligature came away, wound healed kindly, and no unpleasant symptoms follow the operation.

Jan. 20th. Discharged.

7. *Two cases of Plegmonous Erysipelas.*—T. G., admitted Nov. 21st. Erysipelas of foot, commenced from the chafing of a boot, three days before, and is extending up the leg, now nearly to the knee; pulse 96, compressible; constitutional symptoms severe.

R Quininæ sulph., gr. iij.; opii, gr. i., M., every two hours; and R Iodine, gr. xx.; iodide potass., 3ss.; aqua, f 3j.; M.; apply to entire diseased surface once a day.

Nov. 23d. Constitutional symptoms subsided; free discharge of pus.

Dec. 1st. Presents the appearance of deep ulcer. Stimulating ointments applied.

Thos. B., admitted Dec. 23d. Erysipelas, originating in a wound in the leg, by a sharp instrument, five days before entering the hospital. A large abscess had formed beneath the superficial muscles, which was freely opened, and a perfect coating of collodion put around the limb above the appearance of the disease, and for three days was given, R Quinia, gr. iij., opii, gr. ½, every four hours.

Jan. 5th. Discharged, well.

8. *Case of Colloid Cancer, involving the Knee Joint—Amputation—Recovery.*—O. H., aged thirty-three years, admitted Feb. 7th, with malignant disease, involving the upper half of the tibia and the condyles of the femur. Amputation at the thigh performed, Feb. 9th. The operation was very well borne. The wound healed in part by the first intention.

Feb. 17th. A considerable discharge of sanies from the stump.

Feb. 20th. Ligatures came away. Stump almost entirely healed. No appearance of the return of the disease. Patient feels "very well."

ARTICLE IV.

CASE OF ERYSIPELAS NEANATORUM.

BY F. E. BAILEY, M.D., JOLIET, ILL.

Was called on Tuesday, P.M., May 26th, 1857, to see a female infant, six weeks old, which had for two or three days preceding been afflicted with convulsive jerkings of the limbs and muscles of the trunk, with fever, restlessness, and other unfavorable symptoms.

During the forenoon of the same day, the mother had placed the child in a warm bath, and within an hour, its body, from the umbilical region to the pubic, was covered with an erysipelatous eruption, with considerable swelling about the hips and genital region, and increased heat over the whole surface affected.

On my arrival, there was burning fever, rolling of the eyes, and convulsive startings. Pulse frequent, and very feeble; tongue covered with a white coat from the base, to within a half an inch of the lip, (which space was very red), with inflamed and elevated papillæ. The conjunctiva was congested, and the countenance bore every mark of approaching convulsions. The bowels were constipated, stomach irritable, with occasional vomiting, and eructations of an extremely acid nature. Directed warm applications to the inflamed part, with cold to the head. To apply mustard fomentations to the pit of the stomach, and

feet; and to place the little patient in a warm bath, should convulsive appearances continue. Prescribing small powders of hyd. cum. creta, pulv. Doveri, and sul. quinia, every two hours.

Wednesday Morning, 27th. Less fever, and more quiet. Eruption has extended to the knees, and also reached the upper part of the body, but less red than at first, with a marked diminution of heat. To continue powders, with wine and water. To apply mucilage of slippery elm to the inflamed surface, with strict injunctions to keep the head cool.

Evening. There has been but little fever through the day, but the stomach more irritable, eruption slowly extending, but less malignant. Free alvine evacuation during the day; convulsive symptoms diminishing. To take pulv. Doveri and sul. quinia every two hours, with wine, through the night.

Thursday Morning. Constitutional symptoms relieved. Redness has extended to the feet, with occasional spots upon the face and scalp. Stomach so irritable, as to compel a discontinuance of the powders during the night, but the wine was tolerated. To continue the same course of treatment, if the stomach would retain medicine, and to give bath, one in six or eight hours, in water about 70°.

Friday Morning, 28th. Found feet and legs much swollen; the fulness about the hip much as at first, and considerable tumefaction around the eyes, and nearly closing those organs. Appearances on the whole rather unfavorable, and apprehensions of a fatal termination increasing. No fever, but the child is very restless, and fretful. Seems to suffer greatly both from the local disease, and from constitutional depression. To continue wine, and to give the powders as before, if the stomach will tolerate them. No more movement of the bowels, nor is anything in that direction desired. The warm bath to be used as occasion may require.

Saturday Morning, 29th. Still feeble, but the swelling and redness on the hips and parts adjacent subsiding. To continue treatment as directed yesterday.

Sunday, 30th. General appearances much more favorable. No fever, swelling continues in the feet, but nearly gone from

the body. Noticed a small tumor upon the scalp, in the occipital region.

Monday, 31st. Redness and tumefaction nearly disappeared. No convulsive appearances, and takes the breast as well as ever.

Friday, June 4th. Desquamation commencing. The swelling upon scalp subsiding. To take sul. quinia in small doses three time daily.

Tuesday, 8th. The original morbid appearances have entirely subsided. The left knee, however, is much swollen, and the tendons in the popliteal space contracted. The joint so painful as to make motion impossible. There is also a lump two inches below the patella of the same limb, upon the anterior face of the tibia, and appearing much as that upon the head. Applied diluted tincture iodine to the tumor, and directed poultices, with a little tr. opii added, to be applied to the knee. To continue quinia, and to take small doses of comp. syr. sarsaparilla, in which a few grains of sod. potass. had been dissolved, three times daily.

June 17th. Made free incision in the knee, and pus freely escaped. The child has improved in health since last report, notwithstanding the suppurative process going on in the knee. From this period, nothing occurred to impede recovery, and in a short time the child was entirely well.

The disease of which the above case is an instance, is mentioned by many writers, and all concur in its being rare, and generally fatal. The fact of its rare occurrence, and the ultimate favorable issue of the case, rendered it deeply interesting to me; and so much so, that I decided to send a copy of my notes to the *Journal*. Before closing, it may not be amiss to mention one or two facts not noted as they occurred, but which may not be uninteresting. The mother, though apparently enjoying usual health, is rather delicate, and subsequent to the birth of the child, had occasional attacks of ague. To combat this condition, she had taken nothing until after the child was taken sick, but some homœopathic medicines, which will be generally considered equivalent to doing nothing at all or neglect of interfering with disease. As she secreted a liberal quantity of milk, and the child had depended upon that source

for nourishment, and was still nursing, when able to do so, it occurred to me that a liberal diet, with brandy punch taken as freely as the stomach and head would bear, was indicated in the case of the mother. The above course was adopted, and to all appearances should claim a good share of the credit in the cure of the child. The mental and physical condition of the mother while nursing an infant, should always receive attention, and especially while the infant is laboring under a severe constitutional disease.

A woman of nervous temperament, and whose feelings and sympathies are excited to such a degree as both to deprive her of appetite for food, and ability to sleep, must communicate a very depressing influence to the little being who derives its only sustenance from her breast.

I have for years been in the habit of directing attention to the condition of the mother under circumstances such as are above mentioned. Dr. Condie, in his work upon disease of children, has referred to this, and others have also mentioned the importance of attention in this direction; still, practitioners are not sufficiently aware of these demands upon their notice. The state of the mind is of equal, if not greater, importance than that of the physical organization, because grief, anxiety, and suspense, will influence the secretion, not only of milk, but that of many other organs. These remarks will apply in cases of cholera infantum, diarrhoea, and other exhausting diseases of children, when much depends upon the kind and quantity of nourishment.

ARTICLE V.

AN UNSUCCESSFUL CASE OF ACUTE SPINAL MENINGITIS.

BY DR. ROSS C. RUSS, OF ROYALTON, INDIANA.

Why not sometimes report the unsuccessful as well as the successful cases in our practice?

I was summoned, on the morning of the 4th of January, 1858, to Jasper Montgomery, aged three years.

PRESENT CONDITION.—I found him lying upon his left side,

with rigid contraction of the muscles along the spinal column; the head drawn backwards towards the sacrum, in the form of an arch—in technical language, *opisthotonos*; tenderness, on pressure, over the region of the cervical vertebræ; excruciating pain, when attempted to move in bed; tongue coated with a yellowish white fur, with redness around the tip and edges; hurried respiration; pulse about 100 beats to the minute; hot skin; anorexia; bowels somewhat constipated, etc.

PREVIOUS HISTORY.—The mother stated her child had previously enjoyed very good health, until about a week since. He complained of pain in his back, walked with some degree of difficulty, and was seized with retching and vomiting, when a physician was called. Said he had worms; administered some cathartic and anthelmintic medicine, without any marked success.

The patient was put on the following treatment:

R	Sub. mu. hyd.,	grs. vi.
	Dover's powders,	xij.

Mix. Divide into six powders; one to be taken three hours apart.

This treatment was persisted in, with blister to the spine; refrigerant drinks *ad libitum*.

This patient succumbed, and died in forty-eight hours from my first visit. Autopsy could not be obtained.

Query—If it was not acute spinal meningitis, what was the disease?

ARTICLE VI.

MALFORMATION OF THE LOWER EXTREMITIES.

To the Editor of the Chicago Medical Journal.

I have one remarkable case of anomalous structure to report, which, I hope, may not prove uninteresting to your readers.

On the 13th of December last, a woman, after an easy and natural labor, gave birth to a healthy female child. Through the care and attention of the parents, the infant has grown

rapidly, is well developed, and, had not nature, by some freak, rendered it a cripple, would indeed be a fine perfect child.

The lower extremities of this child are each, as regards the knee joint, like the hind legs of quadrupeds, or rather like the arms of man. The patella are both wanting, and in their place is something like the popliteal space, in place of which latter is a kind of elbow, so that with this joint the child can make with its legs the same motions towards its head as with its arms.

But all motions of the feet backward, as in walking, are of course impossible. The hips, and all the joints below the knee, are perfect. The growth of these limbs is symmetrical with that of the rest of the body; their sensibility is perfect, and their motions very active, which would lead one to suppose that their nervous and vascular systems are in a healthy condition.

It must be a matter of curiosity to the anatomist to know the course, origin and insertion of the muscles of these limbs, for nature must have placed them in peculiar relation with each other as well as with the arteries, which cannot be traced in this portion of the limbs.

The parents of this child, and also their two other children, are perfectly healthy. The mother, during her pregnancy, noticed nothing in her state of health, which could account for the singular malformation of her offspring. Neither can she account for it by fright, or sight of any child deformed like her own.

We have here evidently a case of deformity which is neither to be removed by the knife nor by orthopædic apparatus. I have, however, ordered both limbs to be enveloped quite firmly with bandage, in order to prevent, as much as possible, all motion of the legs forward, and it appears to me that I have in part at least attained my object; but the further results of my treatment, I will report hereafter.

D. H. ADAM,

Chicago, Jan. 11, 1858.

No. 119 South Wells Street.

ARTICLE VII.

TRANSLATED BY DR. BYFORD.

SWEET MILK A REMEDY FOR DROPSY.

In a Warsaw medical journal, a treatise with the above caption has made its appearance, which we think should have a more general circulation.

If it should be said that our *Materia Medica* is already rich in remedies for this disease, we should at least welcome a remedy so simple and that may be used in almost any case, even when other remedies justly prized are not applicable, or may have failed. According to the author of this treatise, (Dr. Milosz), as he states in his introductory remarks, dropsy is for the most part but a symptom or result of many chronic cachexia and organic degenerations, which, when sufficiently developed, are beyond the reach of our skill by the use of ordinary remedies, but which he thinks are often curable by this simple remedy. He seems not to have been the first to use and recommend milk for this affection, but a paper written by Dr. Serres, in Cayol's *Revue Medicale*, 1856, recommending it, induced him to use it, and he now adds his own experience and observation upon its operation, and recommends it in the highest terms to the profession. Dr. Milosz has used milk exclusively in different forms and grades of dropsy, and with the exception of one case of *hydrops universalis* in an old cachectic man, with the very best results. The case was of a man, aged sixty years, with an ill-defined and obscure thoracic disease of a chronic character, who died six months after the remedy had been tried. The rest treated by him all convalesced, and, at present, after the lapse of several years, show no signs or trace of the disease. In the most cases, treatment was immediately begun with the milk, and in some it was resorted to after other means had been used in vain. In but a single case was diuretics and roborants useful. The milk was used exclusive of all other ingesta, uniformly and well borne by the patients, who nearly all were country people, and only when the quantity was increased up to six or eight quarts per day did it become disagreeable and was refused. The

excretions, from the kidneys, alimentary canal and skin, were always augmented to a considerable degree. It should be added, the cases treated could with propriety be traced back to rheumatic affections, or imperfect hematosis from deficient nourishment, without any apparent organic alterations.

We will here give some of Dr. Milosz' detailed cases, which seem to favor his statements.

No. 1. A man, sixty-eight years of age, took cold in January, 1853, while working out doors. He lost his appetite, and felt fatigued and oppressed. In a short time, cedema of the feet was succeeded by general dropsy. In the opinion of our author, his condition was quite critical, and he resolved to confine him to a half glass of sweet milk, morning and evening, and withdrew every other sort of alimentary substances. This produced increased alvine evacuations; and, as the quantity of milk was augmented, the kidneys were excited to copious secretions. The quantity was gradually enlarged until it reached sixteen pounds daily, upon which disgust made it necessary to somewhat lessen the dose. After three weeks, the dropsy had entirely disappeared, and the patient, in good health, returned to his home and employment.

No. 2 is a country woman, who fell sick in the latter part of her pregnancy as the result of cold, with pluerisy, which was followed by cedema of the feet. After her confinement, she was affected with inflamed breasts, which lasted for sometime, when general dropsy was developed, which, at the beginning, was treated with diaphoretic and antiphlogistic remedies without any good effect. She now began to take sweet milk, which was gradually increased in quantity, until she took two quarts in the twenty-four hours, with so much benefit, that, in six weeks, there was not a trace of the affection left. A decoction of juniper berries and aromatic wine of iron were given to the patient to take home, as accelerators to convalescence. Here the author remarks, that the circumstances of the patients may sometimes prevent the administration of a large quantity of milk, and that three glasses a day, constantly given, will often accomplish the desired end.

No. 3 was a poor widow, fifty years of age, affected with

plica polonica; after being exposed to cold, she was attacked with general dropsy. She was subjected to the milk-cure for five weeks with the best results. The kidneys and skin, and in a less degree, the alimentary canal, were all quickened in their excretory capacity.

No. 4 was a farmer, aged about sixty years, of cachectic appearance, who had, for a long time, labored under pulmonary catarrh. He was attacked with pneumonia, which was treated by bleeding, nitre and tart. ant., and apparently cured; but, during his convalescence, after a dysenteric diarrhœa, he became universally dropsical in a high degree. With little hope for a cure, the milk treatment, which had so often proven useful, was tried. After a few days, the distressing sense of suffocation, which gave him great suffering, was very much relieved, and in three weeks the treatment was withdrawn on account of the amelioration of the symptoms; and although it was twice necessary to recur to the remedy, a complete cure followed. He left the hospital, and died one year after, of the epidemic cholera.

The author assures us that he could bring many other cases in proof of the excellent effect of milk in dropsy, but thinks the above are a sufficient number of examples to justify a trial of it by others. How the milk operates he will not pretend to conjecture, but thinks there is no more obscurity in this respect than rests over the *modus operandi* of digitalis, squills or most of the approved anti-hydropic remedies. Some of his neighboring physicians had used the milk-cure without uniform effects, but he did not think their experiments in the least degree rendered questionable the usefulness of this valuable means of cure. At most, they only prove the necessity for further observation and experience to determine more precisely the indications for its administration, in order to make its effects uniform and reliable. In conclusion, the author states, that the milk should in the most of cases be administered very warm. We refrain from making any further remarks in regard to the above essay, only stating, that it is equally simple with the renowned citron cure. We may also mention that recently from other quarters we have heard of cases of dropsy cured by sweet

milk. Let it be tried and reported upon.—E. K., *Med. Zeitung, Russlands.*

COLLODION AS AN ERECTOR OF FLAT, UNDEVELOPED NIPPLES.

By coating the vicinity of the nipple, in a circle of an inch and a half wide, with collodion, the compression effected during the contraction of this adhesive material, will cause the nipple to be protruded sufficiently to allow of convenient nursing when otherwise it would be entirely impracticable. There should be a space of half an inch of the areola around and near the nipple left uncovered by the collodion. It is well known that if the nipple can be drawn until the tumefaction of the mamma somewhat subsides, there will be no further trouble, and it is believed this simple means will often relieve us of much anxiety upon this score.—*Ibid.*

VALERIANATE OF AMMONIA FOR EPILEPSY.

In Salpetriere and the Bicetre at Paris, the following formula has been much used for years :

R	Aqua distill.,	pts., 95
	Acid valerian,	" 8
	Sub.-carb. ammon., Q. S., ad, neutralis acid adde.	
	Ext. alcoholic valerian,	pts., 2.

Mix. Dose, teaspoonful three times a day.—*Revue Medico-Chirurgicale.*

GLYSTERS OF ALUM FOR DYSENTERY, BY DR. HAMON.

In two epidemics of dysentery, the author has used alum very profitably. To children under ten years of age, he gives injections, containing—owing to the difference in age—from 15 to 45 grains in solution. To grown persons, he administered from 60 to 120 grains at one injection. The patient should remain perfectly quiet on the abdomen or right side after receiving the glyster, and retain it as long as possible. The alum is astringent, irritant and disinfectant in its action. The offensive and putrid evacuations become entirely odorless after a few such injections.

When the disease is in its earliest stages, a few injections he found to be enough to effect a cure, and it was always beneficial. In one parish, in which there were thirty-five patients, all recovered; and in another of forty, only two died, and they were quite old people.—*Schmidt's Jahrbucher.*

BELLADONNA FOR INCONTINENCE OF URINE.

A female child, nine months old, had been affected with incontinence of urine from birth. The urine continued constantly to dribble away, and the clothes of the little patient wet with this irritating secretion.

The urine was clear, slightly acid, and without any abnormal sediment. The patient commenced 10th February, 1857, 1-24 of a grain of extract of belladonna, three times a day, and gradually increased it, until March 12th, she was taking 1-12 grain, and so continued up to 26th of May, when she was so much better, that sometimes three or four nights would pass without her passing water during the whole night. Iron was now added to the belladonna, and the recovery henceforth was so complete, that the patient had complete control of the discharge; but it was necessary to continue the remedies much longer, before the irritability of the bladder was subdued, as it yet returned so soon as the belladonna was withdrawn.—*Ibid.*

EXPULSION OF A UTERINE POLYPUS, UNDER THE CONJOINT INFLUENCE OF ERGOT AND BELLADONNA,

BY DR. BEZENECNET.

After the author had given ergot to expel a polypus which appeared at the os uteri, with no other effect than pain and a closure of the mouth of the womb on its contents, he gave an injection per vaginum of the infusion of belladonna, so as to bathe the os in that fluid pretty thoroughly. After this, with the continued use of the secale, he had the satisfaction of seeing on the second day the polypus completely expelled from the uterine cavity. Dr. Beck has also seen the same result follow from these means in one case.—*Ibid.*

BOOK AND PAMPHLET NOTICES.

HUMAN HISTOLOGY, in its Relations to Descriptive Anatomy, Physiology and Pathology, with Four Hundred and Thirty-four Illustrations on Wood. By E. R. PEASLEE, A.M., M.D., etc. etc. "Maxime in Minimis." Philadelphia: Blanchard & Lea. 1857.

The invention of the microscope opened to naturalists new fields of study, revealing forms both animate and inanimate, which had hitherto been entirely unknown; but it is chiefly in the world of life that this instrument has presented the most interesting as well as most useful results. It has become as necessary to the student of anatomy as his dissecting case; while, to the pathologist, it is almost a *sine qua non* in the investigation of the morbid elements, forces, forms and functions with which he has to do.

It has created, indeed, a new department of our science, occupying the intermediate ground between the coarser normal and morbid anatomy on the one hand, and rational physiology and pathology on the other. It is to this department that Dr. Peaslee has mainly devoted his work; while, at the same time, he has not ignored the intimate relation existing on the one hand between forms and elements, and on the other, between forms and functions. The work, indeed, comprises histology, combined with much that is valuable in organic chemistry, physiology and pathology.

The following plan of the work will enable our readers to form some opinion of what it comprises:

First, we have stœchology, comprising the classification and description of the simple chemical elements and of the immediate principles which enter into the composition of the fluids and tissues of the body.

The first division of this part is devoted to the simple chemical elements.

The second division to the immediate principles. These he divides into two groups; the first of which consists of those of mineral origin, and those formed within the body by dis-assimilation. The second group consists of organic or coagulable principles.

The second part of the work is devoted to histology; comprising, first, the simple forms of matter, membranes, fibres and cells; their development, distribution, functions and pathological conditions. Second, hygrology, or a description of the fluids of the body, including the lymph, chyle, and blood; the serous secretions and transudations; mucous and glandular secretions, and the cutaneous secretions. Third, the tissues, in the following order: Epithelium, nails, and hair; yellow fibrous tissue, white fibrous tissue, areolar tissue, adipose tissue, cartilage, osseous tissue and the bones, dental tissue, the teeth, muscular tissue and the muscles, nervous tissue and the structure of the nervous system, the membranes, the vascular system, the alimentary canal and its appendages, the urinary apparatus, the sexual organs, the respiratory organs, the blood, vascular glands, and the organs of the senses.

The illustrations are good, and add very much to the value of the work.

This volume meets the wants of the profession, and we heartily commend it to all those who would become thoroughly acquainted with the minute and beautiful structures of the human body.

J—

A MANUAL OF MEDICAL DIAGNOSIS, being an Analysis of the Signs and Symptoms of Disease. By A. W. BARCLAY, M.D., *Cantab. et Edin.*, Fellow of the Royal College of Physicians, Assistant Physician to St. George's Hospital, etc. etc. Philadelphia: Blanchard & Lea. For sale by W. B. Keen, Chicago.

Dr. Barclay's ample opportunities for practising and verifying physical diagnosis are well known to many of the profession. And he has made good use of his opportunities, as every one will attest who may avail themselves of the privilege of reading the above volume. Look at this volume, and then recur in your memory to the condition of this all-important branch of pathology twenty-five years ago, and say that the science of medicine does not keep pace with any of its sister sciences! With the appliances now available to penetrate the innermost recesses of man's nature—the ophthalmoscope, auroscope, stethoscope, urinometer, chemical tests, etc. etc., to say nothing of the more philosophical mode of handling the rational symptoms of disease—will show improvements in this department of

pathology correspondingly great indeed. Dr. Barclay has brought all these improvements to bear upon the diseases included in his work with admirable aptitude and benefit. We can do nothing more with the space allowed us than to recommend our professional brethren to procure a copy, if they do not wish to fall behind in the forward rush of mind in this direction. It contains about 325 pages, much of which is in quite fine print, but it is executed in Blanchard & Lea's best style, so that it may be read with facility.

THE ANNIVERSARY DISCOURSE before the New York Academy of Medicine. By J. MARION SIMS, Surgeon to the Woman's Hospital.

On the 18th November, 1857, Dr. J. Marion Sims, Surgeon of the Woman's Hospital, New York, delivered an anniversary discourse before the New York Academy of Medicine on the subject of "Silver Sutures in Surgery," in which he claims, "THAT THE USE OF SILVER AS A SUTURE IS THE GREAT SURGICAL ACHIEVEMENT OF THE NINETEENTH CENTURY."

Dr. Sims claims to be the discoverer of the silver suture, and to have used it first, June 21st, 1849.

A claim so broad, brought forward by the alleged discoverer, in a century which has witnessed the discovery of the use of anesthetics in surgery, subcutaneous division of tendons, etc., is well calculated to create surprise among all those familiar with the history of surgical operations.

Dr. Sims did not invent the silver suture. We do not undertake to decide who invented it, but we know that Deffenbach used it in his operations on the palate, but seems to have preferred sutures of leaden wire, which, since his time, have been very generally adopted. Dr. Mettenucci, *American Jour. Med. Science*, vol. xxi., p. 216, in an excellent article on palate sutures, gives the preference to lead.

Dr. Sims, in this discourse, abandons the peculiarities of his operation as formerly published, in every essential respect. These peculiarities consisted in the use, 1st, of a "clamp" or metallic head fixed on the wire; 2d, in placing the patient on the face instead of on the back during the operation. At present, the only peculiarity claimed by Dr. Sims is in the use

of silver wire instead of leaden wire. It is probable that further experience will induce him to follow the practice of Deiffenbach, and resort to the use of lead. Dr. Brainard has already used leaden wire in three cases of operation for vesico-vaginal fistula with success.

The use of the metallic head on the ligature, for the purpose of fetching the edges together, is not new, and had been tried long ago. In a case of cleft palate, operated by Sir Philip Crampton, Mr. Maclean applied them. They do not seem to have been of any particular service.

The object of this discourse seems to be mainly to reclaim priority in this operation against Dr. Bozeman, who had adopted and claimed to have improved on Dr. Sims' method. It appears to us that, in this reclamation, Dr. Sims has the show of justice on his side; but, perhaps, if both sides were heard, it might change the aspect of affairs.

While we applaud the enterprise and success which has originated and crowned the Woman's Hospital movement, we are not able to see the justice or wisdom of the claims set up by Dr. Sims. Perhaps he would conceive any suggestions as intrusions; but, at the risk of that, we take the liberty of stating, that the method recommended by Dr. Sims for introducing the stitches is exceedingly imperfect. There are several instruments by which this part of the operation can be much more easily done.

We would also suggest, that the use of a flat leaden wire will, in all probability, be found preferable.

Finally, it is due to the public and the profession, that such a report should be made of the cases treated in the Woman's Hospital, as to enable us to know to what extent the treatment therein used is superior to that in general use. For it is, we presume, the result of the experience of every surgeon who has undertaken the treatment of these cases, that moderate-sized openings, without loss of substance, are easily cured, and that destruction of the vesico-vaginal wall to a great extent is incurable. We should be pleased to learn where the line of demarkation runs in the cases treated in the Woman's Hospital.

In the March No. of the *North-American Medico-Chirurgical Review*, we find a paper by our friend, Dr. E. Read, Terre Haute, Ind., on the Mortality Statistics of the United States. "Mr. DeBow, the Superintendent of the Census Bureau, invoked the aid of Dr. Edward Jarvis, of Massachusetts, to classify the variously-named diseases which were found upon the marshal's returns." A large part of the diseases mentioned as the cause of deaths in the marshal's returns, were given in the popular instead of the scientific names, and as these vary in the diverse portions of our widely-extended country, a great deal of labor was necessary to translate them into significant and definite terms, and we agree with Dr. Read, that this might and ought to have been, but certainly was not done.

Dr. Jarvis was no doubt as capable as most men, whose residence has been during his whole life in an unchanging population; and probably the only way to arrive at completely correct results, in regard to the popular nomenclature of disease, would be to consult physicians resident in the different sections of our Union. We think, there are but few men to whom such a course would not have suggested itself. As specimens of the errors committed by Dr. Jarvis, we submit a few quotations made by Dr. Read.

"Diseases of the eye may involve diseases of the brain; but otherwise is not fatal. It should, therefore, be included in diseases of the brain and nervous system." Mumps comes under the same category as the last, (diseases of the eyes). It may be connected with disease of the brain, and it may co-exist with other and fatal diseases. It would be safer to put these in the unknown. Onanism, possibly, but not probably, was a cause of death. It wastes life, and produces other disorders. Cases under this head, should be put under the unknown. Fever, bilious, is a most vague and uncertain term. In some regions, it seems to be used for all sorts of fever, and the word bilious, for all sorts of difficulties of the digestive organs. Gastric fever is, probably, intended for inflammation of the stomach; yet it is, in many places, used as vaguely in respect to fevers, as the word bilious.

"Winter fever is more vague than either of the last two. It

may mean bilious, or typhus, or synochus. These three, with specific names, convey no specific idea, and they should be included under the general name of fevers, without further description." It will only be necessary for the western physician to glance over the above instances of misapplication of terms to disease by Dr. Jarvis, to indicate to him the propriety of Dr. Read's criticism.

We advert to this paper in order to indorse all that Dr. Read has said upon the subject, and we regret that it cannot be included in the same document with the report, so that it might be used in correcting as historical data any erroneous impression that, as things now stand, may enter into our future history.

Since writing the above portion of this article, we have received the paper from its author in separate form. We are glad to see this indication of the Doctor's intention to circulate it still more extensively, as it certainly is desirable to set on foot some means of placing so important a correction on record.

NEW JOURNALS.

We have received No. 1, Vol. I., of a new journal, published in Detroit, Mich., edited by Professors A. B. Palmer, Moses Gunn, and Mr. Frederick Stearns, entitled "THE PENINSULAR AND INDEPENDENT JOURNAL," which, as its name implies, is the result of an amalgamation of the two excellent journals published there. We hail this good-looking neighbor with our best wishes for a bright success and future prosperity. In looking it over, however, we notice quite an omission, in the copy on our table, beginning at page 32, and ending at page 49, leaving out the *Salutatory*, *Editorial Individuality*, and some other *less important* articles indicated in the table of contents. Their place is supplied by a repetition of matter, beginning with page 17. We are sorry to see the first-born of this happy editorial union thus deformed by the bungling operatives who officiated at its appearance in this world of light, and we earnestly hope that is no evidence of an inherited diathesis, destined to affect the whole future progeny. We trust the talented Professor of Surgery, who is noted for his ability in mending

matters, will not delay a suitable operation—while his beloved offspring is yet young and impressible—to prevent it from growing into maturity with its parts in anywise deficient or out of joint; while the indefatigable Professor of Materia Medica and Diseases of Women and Children, will undoubtedly be careful to eradicate any parental taint that may possibly linger in the blood of its immediate progenitors.

Another instance of amalgamation has given origin to our excellent cotemporary, "THE CINCINNATI LANCET AND OBSERVER," edited by Professors Mendenhall and Murphy, of the Ohio Medical College, and Edward B. Stephens, M. D. We remember this trio from days long gone by, and with the warmth of fraternal interest, assure our brethren of the profession, that the *Lancet and Observer* will be found all right in time of need.

"THE PACIFIC MEDICAL AND SURGICAL JOURNAL" is among our exchanges. From its appearance, we should infer that its editor and publishers would be rewarded, if the profession of California can appreciate honest labor in the cause of our science. It is edited by Drs. J. B. Trask and D. Wooster, of San Francisco.

EDITORIAL CHANGES.

Dr. J. Dickson Bruns has taken the entire control of the *Charleston Medical Journal*. This journal has been heretofore one of our best exchanges, and we confidently expect it to increase in merit and usefulness under its present management.

Drs. R. C. Foster and George S. Blackie have added their labors to the herculean strength of the senior editor of the *Nashville Journal of Medicine and Surgery*. With such a team, that journal cannot fail to "go." We welcome them to the great family of editors, and hope their "hearthstones may ever remain warm."

EXTRACTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Feb. 10th, 1858. 7½ P. M. Dr. Mayberry, Vice President in the chair. While awaiting the arrival of Dr. T. F. Betton, the lecturer of the evening, Dr. Turnbull related a case of double cephalæmatoma. He was called to a lady in labor, which was so rapid, that the child was born when he arrived. At that time, he noticed nothing remarkable about the child. On the fifth day, his attention was called to a tumor on the head, in fact, two tumors, one on each parietal bone. They were about four and a half inches across. He directed a spirituous lotion, but they still increased, and about the seventh or tenth day, he could feel a peculiar hard ridge around the edge of the swelling. He consulted with Dr. J. F. Meigs, who mentioned the fact of having cured such a case, by poulticing, and advised a like treatment in this instance. But, though poulticed with much care every four or five hours, on the twentieth day there was no material diminution. He then inserted an exploring needle, and blood issued freely. It was evidently under the pericranium. The family being anxious for an operation, he made a free incision at the lower end of one tumor, and in consequence of the free effusion of blood, was compelled to use compresses, and cold applications. When this had ceased, he inserted patent lint, and applied adhesive straps, bandages, and a cap over all. On the following morning, he found the cap saturated with blood, and removed all the dressing, except the adhesive straps. Now, thirty-six days from the commencement, the tumor has almost wholly disappeared. That on the other side, he did not open, but applied straps, and it also gradually disappeared.

Dr. Condie said these were rare occurrences, he believed, in this city. He had never met with a case, in a practice of forty-three years, where the blood, as in the case related this evening, was situated upon or beneath the pericranium. Tumors are common, in which the blood is effused between the laminæ of the scalp. It would be an interesting fact, could it be determined, to know whether, in Dr. Turnbull's case, the presentation had not been changed in the course of the labor. It is a very common opinion, and perhaps a correct one, that these tumors are produced by the pressure of the uterus upon the foetal head during labor, the blood being driven into the most advanced part. The worst plan is to open them. If they are caused by a morbid condition of the pericranium, or of the vessels that penetrate

the bones, the best plan is to keep them closed. Cold compresses are preferable in his opinion to warm poultices. In Europe, they apply astringent lotions, but he could think of none there, who recommended warm applications. These tumors have been, and are very liable to be mistaken for fractures of the bones.

Dr. Coates asked on what part of the parietal bones these were situated?

Dr. Turnbull replied that they were on the centre of the bones, directly over each boss, and at present, each bone seems somewhat enlarged.

Dr. Jewell had had three of the cases, and all after tedious labor: each was situated on the presenting part. The first remained over three weeks. He used cold astringent lotions, and not succeeding, followed these by poultices; had suppuration, opened the abscess, and extensive purulent discharge followed, which left the child with a deformed scalp, and on this part the hair never grew.

In the second case, he used iodine lotions, and after ten or fifteen days, it began to subside, and was soon well. In the third, he also applied the iodine, for ten days, or two weeks, and not succeeding, used warm bread and milk poultices, and absorption rapidly followed. The cupped appearance, to which Dr. T. alluded, was present in all these cases; it felt like a depression of the bone, but he did not consider it peculiar to the disease.

As the lecturer had not arrived, and it was past the time for expecting him, Dr. Condie proposed for the consideration of the members, an important subject, and one which may be made to throw considerable light on the pathology of disease, etc., viz., *intra-uterine diseases*. Smallpox has been communicated to the foetus, and it has been born with the eruption. Children have been born with extensive tuberculization of various organs, which, in some cases, had gone on to softening, and produced inflammation of the neighboring parts. Sometimes, we had disease, when the mother exhibited no symptoms of it, as pneumonia, peritonitis, etc. Numerous cases are related of the latter disease, where adhesions have been formed, showing that inflammation of a severe grade had existed. Prof. Simpson, of Edinburgh, had published a paper in which he refers to a number of cases. In a large number of the instances on record, Dr. C. had found the mother had erysipelas, when the child had peritonitis. As the relation between erysipelas and peritonitis is now fully recognized by the profession, and there is not the least doubt but that erysipelas is a disease of the blood, the

external phenomena, and concomitant affections of internal organs are merely results of the same blood disease. The mother had escaped, and the fœtus had had peritonitis with effusion and adhesions. The modern doctrine of phlebitis as a cause of pyemia, is that the phlebitis is the result of the diseased condition of the blood itself, and the diffused abscesses are not the result of pus taken into the circulation and deposited in particular parts, but that the depots met with in different organs in cases of empyema are in fact small abscesses produced by inflammation occurring at the place where the pus is discovered. The whole subject of intra-uterine diseases is but in its infancy, and curious results are no doubt to be derived from its close investigation.

One other form of disease is common in the fœtus in utero, and that is erysipelas; in the great epidemics of puerperal fever, at least two-thirds of the children were born with it upon them, and in many, there was peritoneal inflammation.

Dr. Coates mentioned a case of a child with cyanosis, which died in five months, where was found an open foramen ovale, and the lungs were crowded with tubercles, accompanied by emphysema of the kind ascribed by Rilliet and Barthéz to children, with large cavities between the lobules, and some of these were one and a quarter inch long.

At the risk of producing disgust at the breakfast table, he would mention a phenomena concerning eggs. Many were found on breaking them after boiling, to have the membrane adhering to the albumen so strongly, as to tear out patches of its substance. This was formerly rare, but at present a very large number of the eggs were so affected. He considered it due to an amnitis, or inflammation of the amnion, produced by carrying over railroads.

Dr. Mayberry had noticed several instances where children were not susceptible to the vaccine disease, where the mother had been vaccinated while carrying them, and had observed the same result from modified smallpox.

Dr. Condie remarked, that in the first of the modern epidemics of smallpox, in this city, a lady was affected with the modified form during the eighth month of pregnancy. It was light, and no remedy was required; but few imperfect pocks appeared. The child was born covered with genuine smallpox, and died within one hour. He never saw a more beautiful specimen of discrete smallpox, and some pocks had gone on to the period of maturation.

Dr. Fleming had attended a lady in labor, who was delivered of a child in a putrid condition. Scarlet fever had been in the

family; one child had died with it, while the mother was far gone in her pregnancy. Since that time, she had not felt any movement of the foetus. The presumption was, that the child had died of scarlet fever.

Dr. Jewell had, like Dr. Condie, a case of a young father who died of malignant smallpox on the seventh day. On that day, his wife was confined, having had varioloid previously, and the child was covered, when born, with a full crop in the first stage, and died of the malignant form.

In connection with this, he mentioned a case of a child born with a mark similar to a vaccine mark on its arm; the mother had been vaccinated during pregnancy.

Dr. Emerson, without intending to endorse this last, but considering it as a mere coincidence, would say, that the subject of vaccination during utero-gestation was of importance to decide. In epidemics, pregnant women were desirous of being revaccinated. Some medical men, of very good authority, decline so doing. He would like to hear the sentiments of the members on that point.

Dr. Condie asked what possible objection could exist, when we frequently vaccinate a child but a few days old. In the Foundling Hospitals of Paris, every child was vaccinated immediately on being received, and distinguished accoucheurs vaccinate within the first three days. The vaccination of the mother could not produce abortion, and if it really did extend its protective influence to the child, what could be the objection to its performance? What harm could possibly result.

Dr. R. K. Smith remarked that the question started this evening opened an interesting field of inquiry. The important practical point to discover, was the one alluded to by Dr. Emerson, viz: "the propriety of vaccinating pregnant women." The remarks made by the chairman and Dr. Condie presented this subject to the mind in two different points of view. If revaccinating the mother protected the child in utero, or on the other hand, if, as Dr. Condie seemed to infer, it communicated true variola to the offspring, then, indeed, it was important that the question should be decided.

Dr. Condie (interrupting). I said nothing of the kind.

Dr. Smith. You certainly related a case that led to that inference, and so did Dr. Jewell.

Dr. Jewell (interrupting). I said nothing about revaccination, or the vaccine disease producing smallpox in the child; I said where modified smallpox had been developed in the pregnant woman, it produced the true disease in the foetus in the case above named.

Dr. Smith. Well, if Dr. Jewell will explain how modified smallpox or variola vaccinia can occur without vaccination, I will give up the point. He certainly understood both the gentlemen to state their cases precisely as he had related them, as if he was mistaken in regard to Dr. Condie, he apologized for calling him up. He contended that if a child was born covered with a true variolous eruption, imparted to it by the mother from revaccination, it was an operation not to be thought of in pregnancy; but he maintained the diseases of variola and kinpox were entirely different, and would not produce each other. If the views of those gentlemen were correct, it seems the mother conveyed to the child a disease of which she had not the first symptom, as cowpox is a new disease. He did not rise to discuss the question, but simply to refer to it, as a very interesting one, and to suggest that it be made the subject for a future meeting, when gentlemen would come prepared to investigate it thoroughly.

Dr. Condie said that which proves too much, proves nothing. If Dr. Smith's ideas were correct, it would be unnecessary to resort to vaccination in a child born of a vaccinated or variolated female. The protection afforded by vaccination must result from a peculiar change wrought in the tissues of the various organs of the being by the vaccine virus. We have a new being formed by, and in connection with the maternal organs, which had already undergone this change, in consequence of which she may have the disease in a modified form, or not at all, but the child whose tissues have not undergone the peculiar change, will have it in the unmodified form. Now all these diseases, smallpox, varioloid, and the vaccine disease, are the same in their *first elements*. In epidemics, a patient with varioloid will, and frequently does, give the genuine smallpox to others. It has been shown by experiments in Denmark, Holland, and Germany, that they are one and the same thing; and it has been proposed by Dr. Mohl, of Copenhagen, to inoculate the cow, in order to produce a fresh supply of vaccine matter; he says that he has produced vaccine matter in this way. There is no direct communication between the circulation of the mother and the child. By microscopical examination of the blood we find none of its leading features to be identical in the mother and child. There is no connection; they are two independent beings; each builds up its own tissues.

Dr. R. K. Smith asked how the poison of disease was communicated to the foetus by the mother, if there was no participation by the foetus in the circulation of the mother? If vaccine disease and variola are similar, why vaccination was resorted to in order to protect rather than inoculation?

Dr. Condie answered that it was easy of explanation. If we apply matter to the skin, or arsenic be placed in the food of the mother, it would poison the foetus. The umbilical vessels take up this, to form blood for the foetus, and if the blood of the mother is poisoned, the foetus feels it. But not in all cases are diseases communicated to the foetus. These are the exceptions. The modification of the variolous matter which it undergoes by passing through the cow, renders it less dangerous. The vaccine disease is not contagious, but varioloid will give off exhalations and fomites, which poison others. Thousands of cases have proved that varioloid will produce genuine smallpox. That vaccine matter undergoes a change, is admitted by all the Europeans, with the exception of the English.

Dr. Emerson, in view of the acknowledged risk of a woman in gestation communicating disease to the foetus, thought the doctrine, if it be true, that variola and vaccinate disease are identical, would warrant us in making a distinction in regard to vaccinating or revaccinating a pregnant woman. Revaccination was justifiable, but the other was not, as it might produce smallpox in the foetus.

Dr. Nebinger thought himself justified in concluding that children in utero do suffer and die from disease, and also that mothers in this condition have diseases which are transmissible, and yet do not transmit them. At this point he would relate three instances:—

A lady died three days after her accouchement of malignant smallpox; the child is living still. Anxious to know the result of disease as to the offspring, he followed up the case, and found no evidence of ever being influenced by the variolous poison. Another lady, seven or eight months gone, had smallpox distinct, and she got safely through; the child was born, and is living; there is no evidence of smallpox having been produced on it. Fearing the poison that might still be lurking about the house, he vaccinated the child, and it was fully affected by the vaccine disease. A little girl had violent smallpox. The mother was pregnant; two weeks rolled around, and the girl being convalescent, the mother was confined, and the child vaccinated the day after. This run its course regularly, and varioloid resulted. He did not intend this as an evidence that smallpox was not produced in utero, only as important to know the pros and cons, the yeas and nays, of the subject. He did not conclude that cases could not occur of the foetus receiving disease from the mother; on the contrary, from the well authenticated facts of children being born with the disease (smallpox for instance) that the mother had but a short time prior to delivery, he believed that disease could be conveyed to the foetus; and the cases

related by him were not offered to disprove the fact of the child in utero being affected by the disease the mother was suffering with, but were offered as evidence to prove that the child in the uterus, as is known to be the case out of the uterus, possesses that peculiar condition of system which makes it susceptible to morbid influences. Hence it is that if the mother whilst pregnant should be brought under the influence of the vaccine virus, there is no certainty that the foetus would be influenced also.

Dr. Coates remarked, in regard to what Dr. Jewell had said concerning coincidence of *marks* on the foetus, that when young, and engaged in the Pennsylvania Hospital, he saw a pregnant woman who had been badly burned, and the child was born with several patches of skin off the legs, remarkably like the burns. He believed that as the child was killed by the accident, putrefaction had caused this.

Dr. Jewell saw an interesting case of the kind. A child fell in the street, and lacerated its ear; it was brought to the mother, in her third month of pregnancy, who applied a napkin to the part, took it off, and seeing the whole cheek covered with blood, was much alarmed. When the foetus was born, the right side of the face was covered with a varicose aneurism. But, of course, this was merely a coincidence. He asked that Dr. Condie would give them some new theories to account for this.

Dr. Condie replied that it was a curious idea, the gentleman asking for theories, when in all his publications there would be found very little theory. An incident is related by an admirable author, Dr. Buchan, in his "Advice to Mothers." He gives a case, where the shock was so great that the child ought to have been deformed, if it was possible for the mind to effect it. A female in Edinburgh, six months gone, while sitting in her room was much startled by an escaped monkey jumping upon her shoulder. In great alarm she sent for Dr. B., sure that her child would be a monkey, or something horrible; but lo! the fright had no effect. In another case, a baker's wife, in her sixth month, had her husband brought home from a riot with his right shoulder injured. When the child was born it had a naevus on the left shoulder. Now, as the nurses said this was a mistake, nature should have put it on the right shoulder. In looking over the last edition of Dr. Watson's work, he was much surprised to find that gentleman believing the imagination of the mother may produce an effect on the foetus. He could not see how, as there was no nervous connection.

Dr. Curtis saw a lady in her first confinement, who, when the child was born, and before she had seen it, asked about the cherry. On enquiry, he learned that three months before, her

brother had thrown a black cherry which struck her on the head, and she was certain the child would be marked with a cherry.

On examination, he found a *nævus* exactly on the top of its head, very much resembling a black cherry.

Dr. Coates did not believe that the imagination of the parent could impress on the body of the child any mark resembling at all the object which had affected the imagination in a lively manner. But he could not consider this proved by the absence of nerves in the umbilical cord. Gentlemen much respected for their science, who were believers in animal magnetism, considered that the nervous influence could be projected from one individual into the body of another. The nerves end in loops or direct terminations, with considerable spaces between them, as demonstrated by the microscope, and yet we have the nervous action going on without impediment from that cause.

Dr. Emerson remembered a case of a child born with *spina bifida*. The mother gave, as she thought, a clear account of its cause. She had been much frightened by a great danger to which one of her children had been subjected, in the early part of her pregnancy. The child had been struck with an axe on the lower part of the back, and when she heard it, much shocked, she clapped her hand to that part of her back mechanically, and firmly believed this was the cause of the *spina bifida*. He regarded it merely as a coincidence.

Dr. Condie thought that a very stupid *archeus* governed in the case related, not to put the hand on the part also.

If it were not so late, he would like much to argue some facts stated by Dr. Coates concerning the nervous system, but hoped to have an opportunity to do so at some other time.

Adjourned,

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION AND MEDICAL EDUCATION.

It is quite probable that much of the time of the coming annual session of the National Association will be occupied in considering the hackneyed but highly-important subject of medical education.

In the number of our Journal for March, we gave our views in regard to a more systematic and comprehensive course of instruction in the medical colleges; and we will now add a few

suggestions in regard to the exaction of a more elevated standard of attainment, and the method by which candidates should be admitted into the profession. That the standard of attainments, both preliminary and medical, required of those who enter the profession is altogether inadequate, is everywhere apparent and acknowledged. The fact is too easily observed to require either argument or elucidation. It is far different, however, with the other branch of the subject, viz: by what method shall we secure the exaction of a standard more elevated and more in accordance with the intrinsic importance and responsibilities of the profession?

Concerning this there is great diversity of opinion. A large part of the profession seem to regard the medical colleges alone as the responsible agents for exacting such a standard as is desirable. This class appears to have controlled the proceedings of the Association at Nashville, and to have procured the appointment of the special committee under the resolutions of Dr. Curry. This committee consisted of Drs. J. R. Wood and John Watson, of N. Y.; Rene LaRoche, of Philadelphia; Geo. R. Grant, of Memphis; and C. B. Nottingham, of Macon; and were instructed to report a "*System of Medical Instruction*," which should set forth a "uniform basis upon which our medical institutions shall be organized, * * * * * the *requisite qualifications for graduation*," etc. We have not much confidence that this committee will be able to devise any *system* which will be satisfactory even to those who were most active in procuring its appointment. If it does, we shall be most happy to co-operate in carrying out its recommendations.

Another plan for establishing a proper and uniform standard of attainment, consists in the establishment of a great National University, not for teaching, but for examining candidates and conferring degrees, somewhat after the plan of the present London University. Those who advocate such an institution, would separate from the present colleges the power to confer *degrees* which admit the recipient into the profession, and thereby compel them to rely solely on their merits as institutions for imparting instruction; while the only real avenue into the ranks of the profession would be through the examin-

ing board or boards of the National University. Theoretically, this plan is more perfect and more desirable than any other with which we are acquainted; but, unfortunately, we know of no legislative body in our country possessing either the power or the disposition to incorporate such an institution. Congress certainly has no right to charter an university with power to determine the standard of qualifications for the physicians of each State, any more than it has to regulate the qualifications of the lawyers or artizans. And no one will pretend that any State legislature can charter an institution with powers extending beyond the limits of the State creating it. Hence, we do not see how a truly National University, possessing any legal powers, can have an existence in this country. The only practical approximation to this would be a *voluntary* organization, founded on the principles advocated by us in the New York State Medical Society, during the years 1844, '5 and '6, preceding the organization of the American Medical Association. The plan would be as follows, viz: Let the physicians of each State see that their State medical societies are efficiently organized and fully governed by the code of ethics of the National Association. Let the latter designate, fully and clearly, an appropriate and honorable standard of qualifications, both preliminary and medical, for all applicants for recognition as regular members of the profession. Then let each State medical society appoint from its own members an independent board of censors, whose duty it shall be to meet once a year and examine thoroughly all applicants for admission into the ranks of the profession, and to such as are found qualified, diplomas should be granted, by virtue of which they not only become recognized everywhere as physicians, but also as members of the State society, and eligible to election as delegates or members of the National Association. Let the physicians of each State, through their State organization, formally refuse to recognize any as professional brethren except such as either obtain the diploma from some State society, or hold college diplomas obtained anterior to the time of the adoption of the proposed plan; all medical college diplomas issued subsequent to the adoption of this system being regarded

in the same light as the degrees A.B., A.M., etc.; that is, as an honorable title, but not of itself constituting the holder a member of one of the most responsible professions in the world.

The adoption of such a plan would effect several important objects.

1st. It would insure greater uniformity and appropriateness in the standard of qualifications, by enabling the National Association, as the common representative of the whole profession, to designate both the standard and the method of carrying it out by the censors of the several State societies

2d. It would greatly increase the importance of the State societies, and the interest which would consequently be felt in their permanency and efficient management. The fees derived from the granting of their diplomas would not only furnish a fund sufficient to pay the board of censors for the time spent in examinations, but would doubtless leave a surplus sufficient to enable each society to offer annually a respectable premium for papers embracing important original investigations.

3d. It would exempt the colleges from the constant jealousy and suspicion engendered by the idea that they are induced to keep the standard of medical education low, for the purpose of increasing the number of their alumni. Being free from the responsibility of actually admitting candidates into the ranks of the profession, they would be left to their legitimate work of *teaching*, and emulating each other only in the extent and perfection of their several courses of instruction.

4th. Finally, it would place the responsibility of admitting new members into the profession where it naturally belongs, namely, with the profession through its own organizations.

We are fully convinced that the adoption of such a plan, coincidently with the more methodical and extensive system of college instruction proposed in our March number, would soon place the cause of medical education in our country on as respectable a footing as it is in any other. It is true, that the whole system would depend upon the voluntary action of the profession, without the coercive force of legal sanction. But what else have we now? Practically, our profession is in no part of this country either legally protected or fostered at the

present time. All the distinctions that now exist between the practitioners of legitimate medicine and the advocates of quackery, are made and sustained solely by the force of public sentiment in the profession itself.

And the more perfectly we can develop and embody that sentiment in judicious and important voluntary organizations, the more potent will it become, and the more efficiently will it compel the execution of any plan of education which may be devised and committed to its care.

ANNUAL MEETING OF THE COOK CO. MEDICAL SOCIETY.

The annual meeting of the Cook County Medical Society was held in the city of Chicago, on Tuesday, April 6th, 1858.

Prof. N. S. Davis, President, in the chair.

The first order of business was the election of officers for the ensuing year, also delegates to the American Medical Association and the Illinois State Medical Society, which resulted as follows:

For President—A. Fisher, M. D.

Vice do.—E. Andrews, M. D.

Secretary—Geo. K. Amerman, M. D.

Delegates to the American Medical Association:

J. W. Freer, M. D.

S. Wickersham, M. D.

F. W. White, M. D.

C. G. Smith, M. D.

M. O. Heydock, M. D.

The delegates are requested and authorized to appoint substitutes, in case they are unable to attend the meeting at Washington.

Delegates to Illinois State Medical Society were as follows:

E. Powell, M. D.

W. H. Byford, M. D.

J. P. Ross, M. D.

H. Wardner, M. D.

D. D. Waite, M. D.

The delegates to the Illinois State Medical Society were also empowered and requested to appoint substitutes if necessary. Much other business of a less important character to the profession at large was transacted; after which, the society adjourned.

We have received for publication the following original articles, which will appear as space will allow, viz: Traumatic

Occlusion of the Vagina, by Ernest Schmidt, M.D., Chicago, Ill.; Milk-Sickness, by J. P. DeBruler, M.D., Rockport, Ind.; Surgical Cases, by J. W. Benson, M.D., Chicago, Ill.; Cases of Ovarian Dropsy, by J. H. Brower, M.D., Lawrenceburgh, Ind.; Turpentine in Hæmoptysis, by Jas. M. Kindall, Wabash, Ind.; Malformation, by S. W. Wallace, M.D., Black Earth, Wis.; A Case in Practice, by L. H. Angell, M.D., of Aurora, Ill. We have also on our table a communication, with post mark Rochester, Ind., but unfortunately we cannot determine its paternity, as its author forgot to append his name to it. It is a good paper, and will be published if the writer will furnish us with his name. And here we hope to be pardoned for chiding our medical friends generally for not communicating their experience to the profession through the medical journals of the day. Thousands of valuable facts,—facts that would come opportunely to the rescue of perplexed brethren in their efforts to save life—are lost through the false and *inexcusable* modesty or laziness of men of vast experience and profound learning, in not recording and disseminating their knowledge in this way. Many things that to them seem commonplace, from their familiarity, are known to no one else perhaps, and the knowledge pertaining to them dies—when they die. This is a sin against common sense and professional liberality that we are surprised to see so generally prevailing in our ranks. We are glad to know and be able to inform our readers that there is hope of reform in this matter, particularly among our young men. Old sinners may not and perhaps never will repent, and what is worse, true to their obdurate and tenacious habits of detraction, they are ever ready to sneer at any, even the slightest awkwardness of their juniors in their laudable efforts to form better habits for themselves. To these old aristocratic, silent gentlemen we have nothing more to say than, Young America like, “keep your silence” before your superiors,—and the first one who writes even scoldingly for the *Journal* we will readily and willingly relieve from that interdiction—but the young men in the great and glorious field of scientific research, we would advise to be careful what habits they allow themselves to fall into. Resolve, and begin to put that resolution into execution

at once, that you will be active, working, liberal coadjutors of your most worthy compeers of the profession; that you will not be mere machines, upon which the accumulating flood of knowledge acts, only to grind out dimes. Write! write! And if you do not begin early, you will never begin at all: just allow the first decade of your professional life to pass in unbroken silence, and you are dumb for all future time. This function is not an exception to the general physiological rule, that inaction incapacitates. We hope you will begin in earnest, and now, and every experienced writer will forgive your first efforts if they should not be finished ones. They remember their own too well not to be lenient in this respect, and they are not half so exacting as those old fogies who have emasculated themselves by withholding their progeny until they are incapable of a respectable procreative effort. Do not be afraid of any such eunuchs in the profession, and take warning by their example. The first effort is almost sure to decide the matter; begin, and you will continue; make one step in the right direction, and you will progress easily. You cannot expect to satisfy your wishes in your first trial. Of course, your paper will not be as good as you will write after much exercise and experience, but it will show promise of a determination, that must work good results. Every time you produce an article, you will increase in strength, and what is still better, have a more correct appreciation of your powers. You will soon find that editors and authors all must wear literary swaddling, before their legs are long enough to stride in breeches among giants of learning, and that you are not a pigmy because your infantile extremities are not developed to the size of a man. Our word for it, every time you produce a good article for the *Journal*, you will be several inches taller, not merely in your own estimation, but in the good opinion of all your readers; and at the end of a long life spent in useful, liberal, and scientific converse with your brethren in this and every other available way, you will have the consolation to know that you have made every reasonable effort to do your duty toward men, to whom you are indebted for everything you have and are. We would be glad to write more upon this interesting—nay, to young medical men, *all-important* subject, but the printer interrupts us with the not generally annoying announcement, “enough copy, sir!” B.

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69	Tuberose,									
70	Buchu,									
71	Belladonnae,									
72	Cinchona									
	(Calisaya),									
73	Colombae,									
74	Conii,									
75	Cimicifugæ,					1				
76	Cubebæ, U. S.						ounce			
77	Ergotæ					2	scruples			
78	Gallæ,					$\frac{3}{4}$	a drachm			
79	Gentianæ,					5				
80	Hyoeyami,					$\frac{1}{2}$				
81	Lobeliæ,					1				
82	Opii,					about 5	grains			
83	Pareira Bravæ					$\frac{1}{2}$	a drachm			
84	Piperis Nig.,									
	U. S.,					2	ounces			
85	Pruni Virg.					$\frac{1}{2}$	a drachm			
86	Rhei, U. S.,					1				
87	" et Sennæ,					45	grs. Senna			
						15	grs. Rhub.			
88	Sanguinariæ					$\frac{1}{2}$	a drachm			
89	Serpentariæ,									
90	Scutellaris,									
91	Sarsaparillæ,									
	U. S.,					1				
92	Sennæ, U. S.,					4				
93	" et Spigelie,									
	U. S.,					30 grs. Pink-root,				
						15 grs. Senna,				
94	Stillingie,					$\frac{1}{2}$	a drachm			
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96	Valerianiæ, U. S.					$\frac{1}{2}$				

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Cornin,	Cornus Florida,	1 00	Viburin,	Viburnum Oxyococcus,	1 50
Corydalin,	Corydalis Formosa,	4 00	<i>Concentrated Tinctures.</i>		
Cypripedin,	Cypripedium Pubescens,	1 00	Con. Tinc. Apocynum Andro.		\$1 00
Digitalin,	Digitalis Purpurea,	1 50	" " Chelone Glab.		0 50
Euonymin,	Euonymus Americanus,	1 50	" " Digitalis Purp.		0 50
Euphorbin,	Euphorbia Corolata,	1 50	" " Euonymus Amer.		0 50
Eupatorin, {	Eupatorium Perfolia,	1 00	" " Eupatorium Purpn.		0 75
(Perfo.)			" " Gossypium Herb.		1 00
Eupatorin, {	Eupatorium Purpureum,	1 50	" " Rhus Glab.		0 50
(Purpu.)			" " Scutellaria Later.		0 50
Gelsemin,	Gelsemium Semper.,	2 00	" " Senecio Gracilis.		0 50
Geranin,	Geranium Maculatum,	0 62	" " Strychnos Nux Vomica.		1 00
Helonin,	Helonias Dioica,	1 75	" " Xanthoxylum Frax.		0 62
Hydrastin,	Hydrastis Canadensis,	1 25	Con Comp. Stillingia Alternative,		1 00
Hyosciamin,	Hyosciamus Niger,	2 50	Xanthoxilin Pills,		0 50
Irisin,	Iris Versicolor,	1 00	<i>per bot.</i>		
Jalapin,	Ipomoea Jalapa,	1 00	Con. Tinc. Gelseminum Semp. 6 oz. bot.		1 00
Juglandin,	Juglans Cinerea.	0 75	" " Veratrum Viride, 4 oz. bot.		0 75
Leptandrin,	Leptandria Virginica,	0 75	Wine Tinc. Lobelia Infl., 6 oz. bot.		0 50
Lupulin,	Humulus Lupulus,	1 00	<i>Oils.</i>		
Macrotoin,	Macrotys Racemosa,	0 62	Oil Lobelia,		per oz.
Menispermin,	Menispermum Canad.,	1 00	" of Capsicum,		1 50
Myricin,	Myrica Cerifera,	0 62	" " Erigeron,		0 75
Phytolacin,	Phytolacca Decandra,	1 00	" " Populus,		0 50
Podophyllin,	Podophyllum Feltatum,	0 75	" " Stillingia,		0 50
Populin,	Populus Tremuloides,	0 50	" " Zanthoxylum,		1 00
Prasin,	Prunus Virginiana,	0 75	Oleo-Resin of Lobelia,		0 75
Rhusin,	Rhus Glabrum,	1 00			

Pocket Medicine Cases, filled with Concentrated Medicines.

No. 1.	20 vials,\$5 00
" 2.	24 "6 00
" 3.	28 "7 00

An extra charge of ten cents per oz. will be made for medicines put up in half oz. vials.

All the articles manufactured at their Laboratory will bear the stamped label, "Prepared at the Laboratory of B. Keith & Co., New York." They will also be hermetically sealed and stamped "B. Keith & Co., Organic Chemists, N. Y."